

United States Of America
Department of Transportation - Federal Aviation Administration
Supplemental Type Certificate

Number SA7867SW

This Certificate issued to AAR Aircraft Services, Inc.
DBA: AAR Aircraft Services-Oklahoma
6611 South Meridian
Oklahoma City, OK 73159-1104

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 25 of the Federal Aviation Regulations.

Original Product Type Certificate Number : A20EA
Make : DE HAVILLAND
Model : DHC-7

Description of Type Design Change:

Installation of a freon air conditioning system in accordance with AAR Oklahoma Inc. Drawing List 17L001, Rev. C, dated 4 Sept. 1990, or later FAA approved revision.

Limitations and Conditions:

Airplane Flight Manual Supplement dated Aug. 29, 1990 or later FAA approved revision is required. Compatibility of this modification with previously installed equipment must be determined by installer.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application : December 08, 1989

Date reissued : March 24, 1999

Date of issuance : November 01, 1990

Date amended :



By direction of the Administrator

Richard L. Vaughn
(Signature)
for Michele M. Owsley, Manager
Airplane Certification Office,
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to *(Name of transferee)* _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from *(Name of grantor)* *(Print or type)* _____

(Address of grantor) _____
(Number and street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor *(In ink)*: _____